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Abstract 718

Title: Addressing Gaps in HIV/AIDS Surveillance for Asians and Pacific Islanders

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ISSUE: Many state and local health departments still report HIV/AIDS surveillance data for Asians and Pacific Islanders (APIs) in an "Other" category. Only health departments in the Pacific jurisdictions, Hawaii and California report HIV/AIDS survei llance data for distinct API ethnicities/national origins. The CDC receives such disaggregated data but does not retain the data or conduct any analysis of the data.

SETTING: Comprehensive HIV/AIDS surveillance and other epidemiological data are critica I to creating accurate epidemiological and community profiles required for HIV prevention community planning. When data about APIs are not available or aggregated into an "Other" category, the HIV prevention needs of APIs can be neglected or ignored. Data about distinct API ethnicities/national origins are critical to the appropriate cultural and linguistic targeting of HIV prevention programs.

PROJECT: The Asian and Pacific Islander American Health Forum (APIAHF), a National/Regional Minority Organizati on (NRMO) funded by the CDC to provide technical assistance and training (TAT) to community -based organizations (CBOs) and health departments targeting APIs, has reviewed the availability and use of HIV/AIDS surveillance data for APIs, especially in the context of HIV prevention community planning. APIAHF also has reviewed the use of needs assessments to supplement data where HIV/AIDS surveillance data was inadequate.

RESULTS: APIAHF has identified examples of the collection, analysis and dissemination of HIV/AIDS surveillance and other epidemiological data regarding APIs by health departments that provide vital information about the HIV prevention needs of APIs. APIAHF also has identified needs assessments methodologies successfully used by health departments, community planning groups and CBOs to supplement data about APIs where HIV/AIDS surveillance data were inadequate.

LESSONS LEARNED: Health departments and community planning groups can prioritize the assessment of the HIV prevention needs of underserved populations such as APIs through improved data collection and analysis. API CBOs can provide expertise and access to API communities in developing and collecting relevant data to assess the HIV prevention needs of API populations even when HIV/AIDS surveillance data are unavailable or inadequate.

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